

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS344AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2008
NAME OF PROVIDER OR SUPPLIER RIMMEY PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 538 RANCHO DEL MAR WAY NORTH LAS VEGAS, NV 89031		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted at your facility on 10/03/08</p> <p>This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed as a six (6) beds Residential Facility for Groups which provides care to persons with mental illnesses, Category I residents.</p> <p>The census at the time of the survey was 6 residents.</p> <p>There were 6 resident files reviewed and one employee file reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 085 SS=H	<p>449.199(1) Staffing-CG on duty all times</p> <p>NAC 449.199 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver</p>	Y 085		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 085	<p>Continued From page 1</p> <p>on the premises of the facility if one or more residents are present at the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure that a sufficient number of caregivers were present at the facility to conduct activities and provide care and protective supervision for the residents.</p> <p>Findings include:</p> <p>On 10/3/08 at 1:20 PM the surveyor arrived at the facility and the door was answered by a person who stated that the owner/caregiver was not home. When asked what his position was, he stated he did maintenance sometimes. At this time, there were 2 of 6 residents in the facility. One resident was in his bedroom and another was seen walking around the facility. At 1:40 PM on 10/3/08 the owner/caregiver (Employee #1) arrived at the facility.</p> <p>Employee #1 stated that she had left the facility to pick up a resident who was being discharged from the hospital. Employee #1 confirmed that she was the only caregiver at the facility.</p> <p>The facility failed to ensure there was at least one (1) qualified caregiver on the premises when residents were present at the facility.</p> <p>Severity: 3 Scope: 2</p>	Y 085			
YA526 SS=F	449.260(1)(a-g1,2) Activities for Residents	YA526			

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YA526	<p>Continued From page 2</p> <p>NAC 449.260</p> <p>1. The caregivers employed by a residential facility shall:</p> <p>(a) Ensure that the residents are afforded an opportunity to enjoy their privacy, participate in physical activities, relax and associate with other residents;</p> <p>(b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests;</p> <p>(c) Plan recreational opportunities that are suited to the interests and capacities of the residents;</p> <p>(d) Provide each resident with a written program of activities;</p> <p>(e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities;</p> <p>(f) Encourage the residents to participate in the activities scheduled pursuant to paragraph (e);</p> <p>(g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be:</p> <p>(1) Prepared at least a month in advance;</p> <p>and</p> <p>(2) Kept on file at the facility for not less than 6 months after it expires.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure that a least 10 hours of scheduled activities were provided for 6 of 6 residents.</p> <p>Findings include:</p> <p>There were no activity schedules posted or</p>	YA526			

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YA526	Continued From page 3 available for the past 6 months. Employee #1 explained that most of the residents are away during the day at "Day Programs". This is a repeat deficiency from survey dated 11/1/08. Severity : 2 Scope: 3	YA526			
YA870 SS=F	449.2742(1)(a-c) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report; and (c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).	YA870			

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YA870	<p>Continued From page 4</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that the resident's medication regimen was reviewed for accuracy and appropriateness by a physician, pharmacist or registered nurse at least once every 6 months for 5 of 6 residents. (#1, #2, #3, #4, #5,)</p> <p>Findings include:</p> <p>The file for Resident #1, admitted 12/28/99, did not contain evidence of a medication profile review in the past year.</p> <p>The file for Resident #2, admitted 2/18/97, did not contain evidence of a medication profile review in the past year.</p> <p>The file for Resident #3, admitted 8/1/00, did not contain evidence of a medication profile review in the past year.</p> <p>The file for Resident #4, admitted 5/9/02, did not contain evidence of a medication profile review in the past year.</p> <p>The file for Resident #5, admitted 10/1/01, did not contain evidence of a medication profile review in the past year.</p> <p>This is a repeat deficiency from survey dated 11/1/07.</p> <p>Severity 2 Scope 3</p>	YA870		
YA895 SS=F	449.2744(1)(b) Medication/MAR	YA895		

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YA895	<p>Continued From page 5</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(1) The type of medication administered;</p> <p>(2) The date and time that the medication was administered;</p> <p>(3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review the facility failed to maintain a record of the medication administered to each resident for 5 of 6 residents. (#1, #2, #3, #4, #5)</p> <p>Findings include:</p> <p>Resident #1's (admit date 12/28/99) medication storage bin contained 6 prescribed medications. There was no medication administration record (MAR) available to document administration of the medications.</p> <p>Resident #2's (admit date 2/18/97) medication storage bin contained 9 prescribed medications. There was no MAR available to document administration of the medications.</p>	YA895		

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YA895	<p>Continued From page 6</p> <p>Resident #3's (admit date 8/1/00) medication storage bin contained 12 prescribed medications. There was no MAR available to document administration of the medications.</p> <p>Resident #4's (admit date 5/9/02) medication storage bin contained 4 prescribed medications. There was no MAR available to document administration of the medications.</p> <p>Resident #5's (admit date 10/1/01) medication storage bin contained 12 prescribed medications. There was no MAR available to document administration of the medications.</p> <p>Interview with Employee #1 indicated that she did not have MARs available for September or October 2008.</p> <p>Severity: 2 Scope: 3</p>	YA895			

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